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Bib Data Sheet

CONFIRMATION NO. 7563

<b>SERIAL NUMBER</b> 09/823,891	<b>FILING DATE</b> 03/30/2001 <b>RULE</b>	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> 2131	<b>ATTORNEY DOCKET NO.</b> 1011US08	
<b>APPLICANTS</b> James Fritschen, Lookout Mountain, TN; Marion R. Rice, Rochelle, TX; Bindu R. Rao, Austin, TX;					
<b>** CONTINUING DATA *****</b> <i>LDV.....LDV</i> THIS APPLN CLAIMS BENEFIT OF 60/210,765 06/12/2000					
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/17/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Christopher C. Winslade 2135 N. Clifton Ave. #1 Chicago ,IL 60614					
<b>TITLE</b> Health care network with durable medical equipment prescription and physician signature services					
<b>FILING FEE RECEIVED</b> 435	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		